

3

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

651

FLEX 2406

CLAIMS AS FII			S FILED - I (Column		ART I (Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			22		1111		}	RATE	FEE	1 [RATE	FEE
FOR			NUMBER F	ILED	NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS 22 minus			us 20=	*	2	,	X\$ 9=	18	OR	X\$18=		
INDEPENDENT CLAIMS 3 :			us 3 =	*	<u> </u>		X42=	·	OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=		
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2		TOTAL	388	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2						(Column 3)		SMALL		OR	OTHER SMALL E	
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DM DM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM		j	+140=		OR	+280=	
								TOTAL			TOTAL	
		(Column 1)		(Colu	ımn 2)	(Column 3)		ADDIT. FEE		10''	ADDIT. FEE	<u> </u>
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	Marketter Version	HIGH NUM PREVI	HEST MBER IOUSLY O FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₽ E	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM		Ĺ	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***]=	1	X42=		OR	X84=	
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDEN				IT CLAIM		L			1	+280=	1
	If the entry in colu	ımn 1 is less than	the entry in colu	ımn 2, wri	te "0" in co	olumn 3.		+140= TOTAL		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												



DATE: 01 - 28 -	02	_		2				
TO: Utility		_		3651				
FROM: Office of Initial Pate	ent Examinatio	n	V	10/05				
SUBJECT: Fee Due				8				
APPLICATION NUMBER:	100536	,51						
A fee is due for the attached doc Office for the following reason. authorization to charge a deposit charge the appropriate fee. If an the fee deficiency.	Please check the account. If an	he application authorization	n for the ap	propriate				
☑ Insufficient fee by check								
☐ Insufficient funds in deposit	account							
☐ Declined credit card								
☐ Non authorization for charge	to deposit acco	ount						
☐ No fee submitted per requirer	ment ^{r.}							
The correct fee code: 203	× 2	amount	· \$	18				
The suspended fee code: 197		amount	- \$					
Fee Due		amount	=\$	18				
If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.								
Terminal Operator	Town	Cvt	ruong 1)				